



<mmmm dd, yyyy>

<NAME>
<ADDRESS>
<CITY STATE ZIP >

I.D. #: *SSN*

Dear <Name>:

Basic Health (BH) records show the dependent listed below will turn age 23 in <month>.

<MEMBER NAME>

Dependents that are age 23 or older may not remain on your account. (S)he may apply for individual coverage by completing and returning the enclosed application, and all required documentation within 20 days of the date on this letter.

(S)he will be disenrolled and removed from your account effective 12:01 a.m. on <mm/dd/yy>.
Removing your dependent from your account may cause a change in your premium or eligibility for BH. You will be sent written notice of any change.

If your dependent is removed from your account and does not establish his or her own account, (s)he will have a break in coverage and may have to wait until space is available to re-enroll.

If you disagree with a decision made by BH, or believe an action taken on your account was incorrect, please refer to the enclosed document for complete instructions on how to resolve the issue. Please be sure to follow the instructions completely to maintain your appeal rights.

If you have questions, please call us at 1-800-660-9840.

Sincerely,

Basic Health

Enclosure